



PART B - FEE(S) TRANSMITTAL

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20995 7590 11/04/2002

KNOBBE MARTENS OLSON & BEAR LLP
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 IRVINE, CA 92614

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 I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above, or being facsimile transmitted to the USPTO, on the date indicated below.

MARK R. BENEDICT	(Depositor's name)
<i>Mark R. Benedict</i>	
(Signature)	
1/14/03	
(Date)	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/052,698	01/18/2002	Richard Alan Smith	AVANIR.079RX	1372

TITLE OF INVENTION: DEXTROMETHORPHAN AND AN OXIDASE INHIBITOR FOR TREATING INTRACTABLE CONDITIONS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$640	\$300	\$940	02/04/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
SPIVACK, PHYLLIS G	1614	514-289000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

CENTER FOR NEUROLOGIC STUDY,

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Please check the appropriate assignee category or categories (will not be printed on the patent) individual corporation or other private group entity government

4a. The following fee(s) are enclosed:

Issue Fee

Publication Fee

Advance Order - # of Copies 10

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A check in the amount of the fee(s) is enclosed.

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(Authorized Signature) <i>Mark R. Benedict</i> (Date) <u>1/14/03</u> Mark R. Benedict Reg No.	44,531 01/21/2003 MHUHANM2 00000099 111410 10052698
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44,531 01/21/2003 MHUHANM2 00000099 111410 10052698 01 FC:2501 02 FC:1504 03 FC:8001	650.00 OP 300.00 OP 10.00 CH 20.00 OP
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